



Indiana State Department of Health

Provider Intake Coagulopathy Questionnaire

Intake questions when assessing a patient about a suspect case:

1. Name of patient:
2. Date of birth and sex of patient:
3. Home address of patient, including county:
4. Contact number of patient if known:
5. Treating physician:
6. Contact number of physician:
7. Health care facility:
8. Date of presentation to the facility:
9. Initial INR value and date:
10. Current INR value and date:
11. Current treatment for elevated INR:
12. Does patient normally take anti-coagulants?
13. Was patient was exposed to a rodenticide or intentionally ingest an anti-coagulant?
14. Does patient use illicit drugs, including synthetic marijuana? If so, which drug?
15. Was a urine toxicology screen run? If so, result?
16. What is current clinical status of patient? In ICU, hospital, discharged?
17. Has Indiana Poison Center been contacted? If so, date?
18. Other information on patient:

Please fax form to Mandy Billman, ISDH Overdose Prevention Epidemiologist, at 317-234-2812.